

Planters Operation Round Up, Inc.  
PO Box 979  
1740 Hwy 25 North  
Millen GA 30442  
Office (478) 982-4722 Fax (478) 982-4798

**Grant Application for Organization**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or Post Office Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

Contact Person: \_\_\_\_\_  
(Name) (Title)

Phone Number: \_\_\_\_\_  
(Day) (Evening)

Please describe your organization (check all that apply):

\_\_\_\_\_ Non-Profit Organization with 501(c)(3) status \_\_\_\_\_ Government Organization  
\_\_\_\_\_ Civic Organization \_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

If a non-profit please attach a copy of IRS letter Form 501(c)(3) for the organization.

Which of the following counties do you serve (check all that apply and list other if applicable)?

\_\_\_\_\_ Bulloch \_\_\_\_\_ Effingham \_\_\_\_\_ Jenkins \_\_\_\_\_ Screven  
\_\_\_\_\_ Burke \_\_\_\_\_ Emanuel \_\_\_\_\_ Richmond

Other counties served: \_\_\_\_\_

Have you recently received funding from Operation Round Up? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the amount and the date you received the funds?

\_\_\_\_\_

State the specific purpose of your organization's request. (Include the amount requested and a project budget demonstrating how the funds will be used. Include any cost estimates for contract work or equipment purchases and when funds are needed. Please attach additional pages if needed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other sources of funding for the request as described above:

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Please list three references:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Business \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Planters Operation Round Up, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Planters Operation Round Up, Inc. may consider this statement as continuing to be true and correct until a written notice of change is provided. The Planters Operation Round Up, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

The Planters Operation Round Up, Inc. reports all funded projects to the cooperative's membership. By completing and signing this application, you are giving permission to have information about your project reported, with the understanding that Planters will attempt to protect specific information about individuals or other confidential information, when requested to do so.

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Name of Organization

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Signature of Representative Title Date

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Signature of Representative Title Date